



GULF SWIMMING SAFETY INFORMATION

1.) Club Name: _____

Safety Coordinator: _____

Address: _____

Phone Number Work: _____ Home: _____

2.) Pool Name: _____

Address: _____

Phone Number: _____

Location of Phone: _____

Pool Manager: _____

Phone Number Work: _____ Home: _____

3.) Club President: _____

Phone Number Work: _____ Home: _____

Head Coach: _____

Phone Number Work: _____ Home: _____

EMS (not 9-1-1): _____

Poison Control: _____

4.) Person who will take control of an emergency

Circle one: U.S.A Club Facility Personnel Head Coach

Other: _____

Phone Number Work: _____ Home: _____

5.) Location of First Aid Kit: _____

Spinal Backboard: _____

Blankets/Towels: _____

Rescue Implements: _____

6.) **Area Map showing location of nearest hospital or emergency clinic (key map, etc.).**

Several copies of this form and map should be posted during Swim meets.